

Improved Standardization of Pre-visit Planning by Utilizing Pre-visit Planning Documentation Sheet

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INTRODUCTION

- Pre-visit planning is a priority of the Pediatric Rheumatology Care and Outcome Improvement Network (PR-COIN) because it allows the provider to spend more time during the visit focusing on the patient rather than trying to gather and organize information needed to address the needs of chronic disease.
- Many elements outside of the current clinic visit are essential to properly assess the patient and formulate a plan of care, including diagnosis or reason for referral, last eye exam, previous active joints or enthesitis, medication toxicity or diagnostic labs and imaging results, medications and doses, and pertinent recommendations or changes from previous visit.
- Providers in our clinic did not have a standardized review process or report to ensure that all essential data was collected prior to the visit.

SMART AIM

- Develop pre-visit planning sheet with relevant information that is easy to complete.
- Increase standardization of pre-visit planning by completing the pre-visit planning documentation sheet on JIA patients from 0% to >80% reliability by March 1, 2018. Maintain >80% reliability over time.

METHODS

- The intervention occurred December 2017 through March 2019 at Children's of Alabama's pediatric rheumatology clinic.
- All patients for Dr. Melissa Mannion were initially included in the study and beginning in August 2018, Dr. Smitherman's patients were included as well.
- The implementation science methodologies and frameworks applied were failure modes effect analysis (FMEA), key driver diagrams, and Plan-Do-Study-Act (PDSA) cycles.
- We created and then modified a standard form to improve reliability and efficiency of pre-visit planning (Figure 1). The primary outcome measure was that the pre-visit planning documentation form was completed.
- Performance was measured, using run charts, at baseline and then weekly to areas for improvement.

Name/Age:	MRN:	Insurance:	Dx: ERA systemic poly oligo psoriatic undifferentiated _____								
Last Eye exam:	Last TB Test:	Active Joints @ Iv: Yes No	Enthesitis @Iv: Yes No	JDAS / MD Global @Iv:	ANA _____	RF _____	B27 _____	CCP _____			
Labs & Imaging:	Meds:	MTX	Humira	Enbrel	Cimzia	Stelara	Ilaris	Orencia	Actemra	Kineret	Rituximab
		Remicade	Cytoxan	IVIG	Plaquenil	Cellcept	Imuran	Leflunomide	Sulfasalazine	Steroid	
Appt Confirmed? Yes No LM	Possible changes/Comments:										

Figure 1. Pre-visit Planning Worksheet

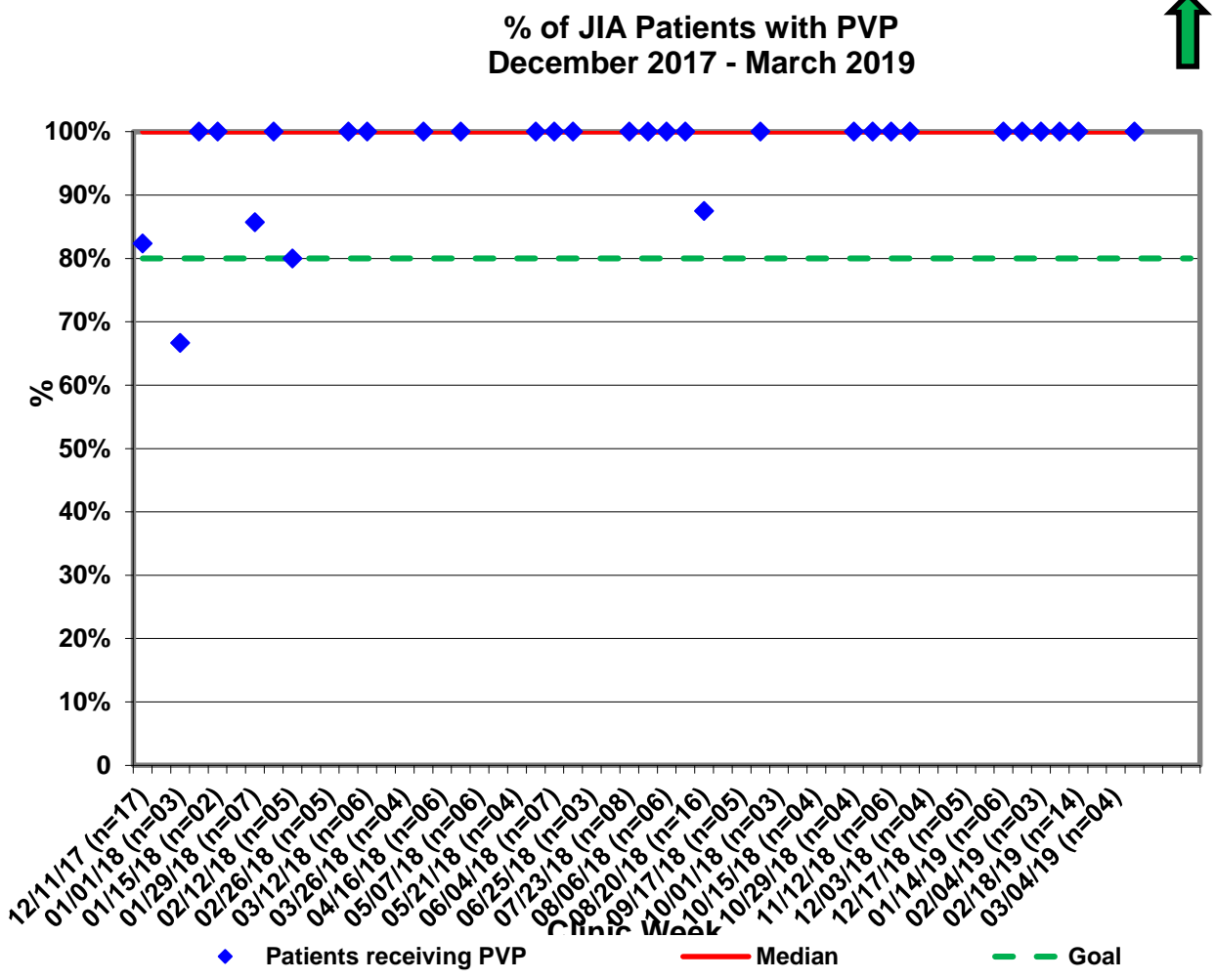


Figure 2. Runchart of Overall Performance

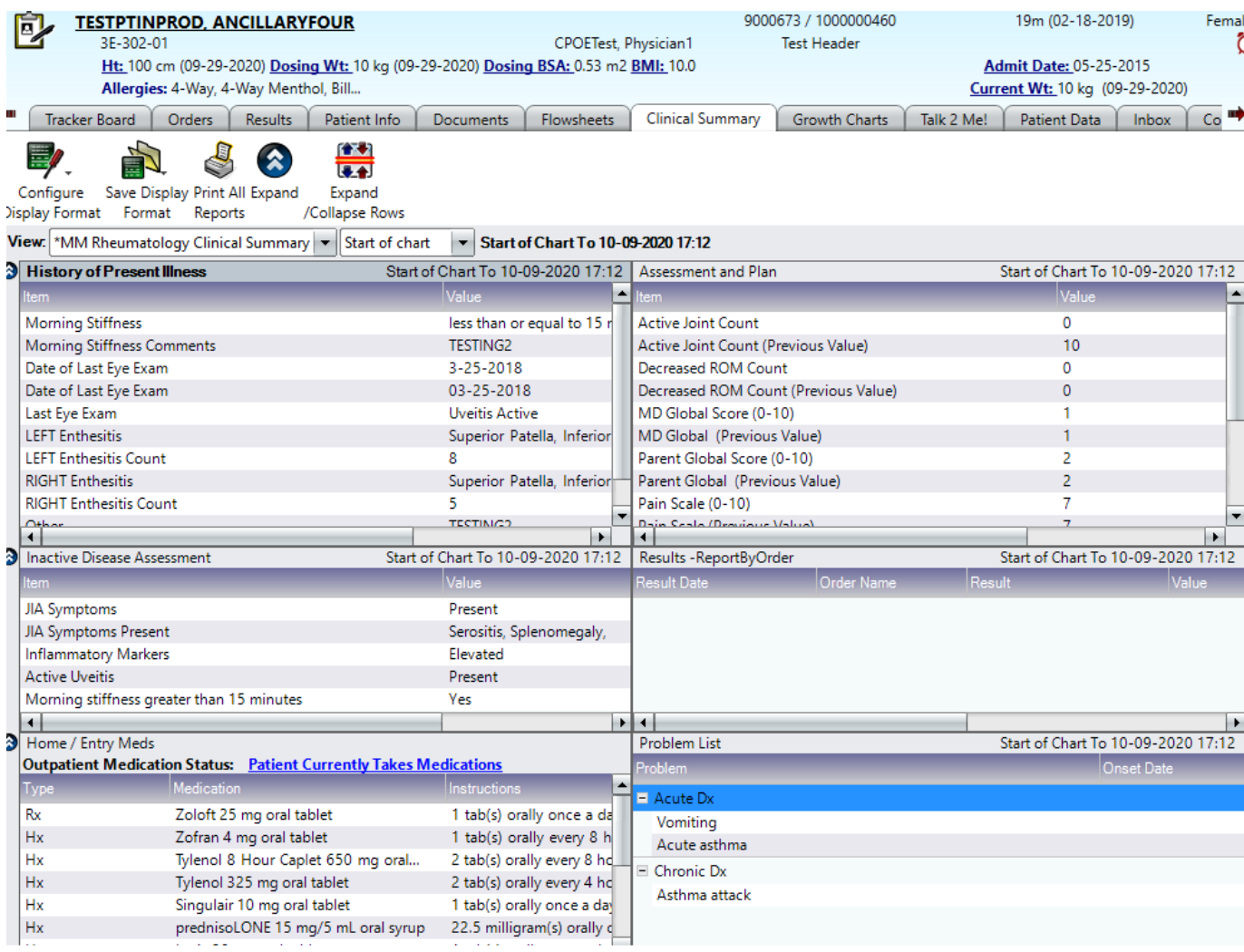


Figure 3: Clinical Summary tab in iConnect

RESULTS

- After the initial pre-visit planning form was created, our baseline completion for the week of December 11, 2017 was 82%.
- From December 18, 2017 to March 2019, we maintained our median completion score above our goal rate of 90%.
- We revised the form twice, 11/5/18 and 1/3/19, after identifying additional key elements.
- The run chart documenting overall performance is noted in Figure 2.
- To further streamline the process, we modified the Clinical Summary tab (Figure 3) in the electronic medical record to include relevant data for chronic patient care and pre-visit planning for pediatric rheumatology patients.

CONCLUSION

Through standardization of pre-visit planning we achieved improvement in pre-visit planning to 100% with Dr. Mannion and Smitherman's patients.

NEXT STEPS

- We have encouraged other providers in our practice to utilize the standardized forms.
- We are currently reviewing the form to see if we need to capture additional information to assist with transition and treat to target initiatives.

REFERENCES

- Harris J, Bingham C, Morgan E. Improving Care Delivery and Outcomes in Pediatric Rheumatic Diseases. *Curr Opin Rheumatol*. 2016 Mar; 28(2): 110-116.
- Putting Pre-visit Planning Into Practice www.aafp.org/fpm. Accessed September 16, 2020.